

Hartford Employer's Quarterly Return Withholding Tax

P. O. Box 64
Hartford, KY 42347

(270) 298-3612
hartfordota@gmail.com

For Period Ending due by

ACCOUNT NUMBER:

PERIOD BEGINNING:	
PERIOD ENDING:	
RETURN DUE:	

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS LOCATION: _____

TELEPHONE: _____

MOBILE NUMBER: _____

OF EMPLOYEES: _____

MAKE CHECKS PAYABLE TO:

City of Hartford, Occupational Tax Administrator
P. O. Box 64
Hartford, KY 42347

- | | |
|--|----------|
| 1. Total Gross Wages, Salaries and Other Compensation Paid | \$ _____ |
| 2. Less Compensation Paid for Services Outside of Hartford | \$ _____ |
| 3. Taxable Earnings (line 1 minus line 2) | \$ _____ |
| 4. Withholding Tax Due (line 3 x 1%) | \$ _____ |
| 5. Penalty 5% per month, \$25 minimum | \$ _____ |
| 6. Interest 12% per annum simple interest | \$ _____ |
| 7. TOTAL (Add Lines 4, 5, 6) | \$ _____ |

** Penalty and Interest will be assessed if payment is not made on or before the due date.*

Notify this office if change of tax entity, name or address.

*This form must be returned even if no wages paid during this period.

Signature: _____ Title: _____ Date: _____

Printed Name: _____

FOR INTERNAL USE ONLY

Date: _____ Check Number: _____ Amount: _____